

TAXPAYER IDENTIFICATION NUMBER (TIN)
VERIFICATION



Wisconsin Dept. of
Administration
Do NOT send to IRS

PRINT OR TYPE See complete instruction on second page.

LEGAL NAME (As entered with IRS) If Sole Proprietorship, enter your LAST, FIRST, MI		BUSINESS DESIGNATION (Check One)	
TRADE NAME If doing business as (D/B/A) or business name of Sole Proprietorship.		CORPORATION Are you engaged in the business of providing medical services? Yes No	
PRIMARY ADDRESS (For return of 1099 Form) PO or number and street City, State, Zip + 4		INDIVIDUAL SOLE PROPRIETORSHIP PARTNERSHIP General Limited	
ORDER ADDRESS Where order should be sent, if different than above) PO or number and street City, State, Zip + 4		ESTATE/TRUST OTHER GROUPS OF INDIVIDUALS	
REMIT ADDRESS (Where check should be sent, if different than above) PO or number and street City, State, Zip + 4		ORGANIZATION EXEMPT FROM TAX <small>(under Section 501(a)(c)(d) or 403(b)(7))</small> Are you engaged in the business of providing medical services? Yes No	
TAXPAYER IDENTIFICATION NUMBER (TIN) (Provide One Only) If sole proprietorship provide FEIN if applicable Social Security Number (SSN) - - OR Federal Employer Identification No. (FEIN) -		FOR AGENCY USE ONLY Agency No Contact Phone Number 1099 <input type="checkbox"/> Yes <input type="checkbox"/> No VEND <input type="checkbox"/> Addition <input type="checkbox"/> Change	
CERTIFICATION Under penalties of perjury, I certify that: I have provided my correct taxpayer identification number and that I am not subject to backup withholding as specified on the reverse side of this form. Signature _____ Phone () _____ Title _____ Date _____ Please Print			

Return this form to the address listed below. For your convenience, this form has been disgned for return in a standard window envelope

WISCONSIN DEPARTMENT OF JUSTICE
OFFICE OF CRIME VICTIM SERVICES
ATTN: _____
P O BOX 7951
MADISON, WI 53707-7951

Forms may be returned
by use of FAX number:

(608) 264-6364